Florida HEALTH Department of Health

PAUL CHRISTOPHER STEINKE

License Number: PA9107814

Data As Of 10/30/2026

Profession	Physician Assistant
License	PA9107814
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	02/17/2014
Address of Record	10475 CENTURION PKWY N. STE 220 SOUTHEAST ORTHOPEDIC SPECIALISTS JACKSONVILLE, FL 32256
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
4268 Oldfield Crossing Dr STE 201 SOUTHEAST ORTHOPEDIC SPECIALISTS
JACKSONVILLE, FL 32223

Address
232 PONTE VERDA PARK DRIVE. SOUTHEAST ORTHOPEDIC SPECIALISTS
PONTE VEDRA, FL 32082

Address
1658 ST. VINCENTS WAY, STE. 100 SOUTHEAST ORTHOPEDIC SPECIALISTS
MIDDLEBURG, FL 32068

Address
2627 RIVERSIDE AVE. STE 301 SOUTHEAST ORTHOPEDIC SPECIALISTS
JACKSONVILLE, FL 32204

Address
4565 US-17 STE. 200 SOUTHEAST ORTHOPEDIC SPECIALISTS
FLEMING ISLAND, FL 32003

Address
15255 MAX LEGGETT PKWY, STE 5300 SOUTHEAST ORTHOPEDIC SPECIALISTS
JACKSONVILLE, FL 32218

Address
2001 COUNTY ROAD 210 W. STE. 200 SOUTHEAST ORTHOPEDIC SPECIALISTS
SAINT JOHNS, FL 32259

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
COLLIER, FRANK RAPHEAL JR	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	69991	06/17/2022
COLLIER, FRANK RAPHEAL JR	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	69991	06/17/2022

Click on the License Number to view License Details for that Practitioner

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